

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date of Permit: APR 11 2012

125.00
ENTERED
Permit #: 10-0107
Date: 5-16-12
Amount Paid: \$300.00
Refund: 4/11/12

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept.
HOW TO FILE BUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Tommy & Amy Nigbor, Justin Tenlen
Mailing Address: 13449 N Hollywood Hayward, WI 54843
City/State/Zip: Hayward, WI 54839
Telephone: (715) 634-6242
Cell Phone:

Address of Property: XXX Genetics Rd.
City/State/Zip: Grand View, WI 54839
Plumber Phone: NA

Contractor: Up North Const. LLC
Contractor Phone: 715-798-4343
Plumber: N/A
Written Authorization Attached: ☒ Yes ☐ No

Authorized Agent: (Person Signing Application on behalf of Owner(s))
Agent Phone: 715-798-4343
Agent Mailing Address (include City/State/Zip): P.O. Box 12, Cable, WI 54821
Recorded Document: (i.e. Property Ownership) Volume 778 Page(s) 151

PROJECT LOCATION: SE 1/4, NE 1/4
Legal Description: (Use Tax Statement)
P.L.N. (23 digits) 04-031-2-45-06-30-04-006-10006
Subdivision: 778
Lot Size: 39.7
Acreage: 39.7

Section 30, Township 45 N, Range 6 W
Town of: Grand View

Shoreland: ☒ Shoreland ☐ Non-Shoreland
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☒ Yes ☐ No
Distance Structure is from Shoreline: 450 feet
Is Property in Floodplain Zone? ☒ Yes ☐ No
Are Wetlands Present? ☒ Yes ☐ No

Value at Time of Completion: \$49,000
Project (What are you applying for):
of Stories: 1
Use: Seasonal
of bedrooms: 1
What Type of Sewer/Sanitary System is on the property? Municipal/City
Water: ☒ City ☐ Well

☒ New Construction
☐ Addition/Alteration
☐ Conversion
☐ Relocate (existing bldg)
☐ Run a Business on Property
☐ Foundation

Length: 30
Width: 28
Height: 12

Proposed Structure:
Proposed Construction:
Proposed Use: ☒ Residential Use
☐ Commercial Use
☐ Municipal Use

Principal Structure (first structure on property):
Residence (i.e. cabin, hunting shack, etc.)
with Loft
with a Porch
with (2nd) Deck
with a Deck
with (2nd) Deck
with Attached Garage
Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)
Mobile Home (manufactured date)
Addition/Alteration (specify)
Accessory Building (specify)
Accessory Building Addition/Alteration (specify)
Special Use: (explain)
Conditional Use: (explain)
Other: (explain)

Dimensions: 28 x 30
Square Footage: 840
336

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am/are responsible for the detail and accuracy of all information I (we) am/are providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am/are providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed ALL Owners must sign & letter(s) of authorization must accompany this application)

Authorized Agent:

For Issuance: Jeremy Tuck, Up North Const.

Address to send permit: P.O. Box 12, Cable, WI 54821

Secretarial Staff

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Attach

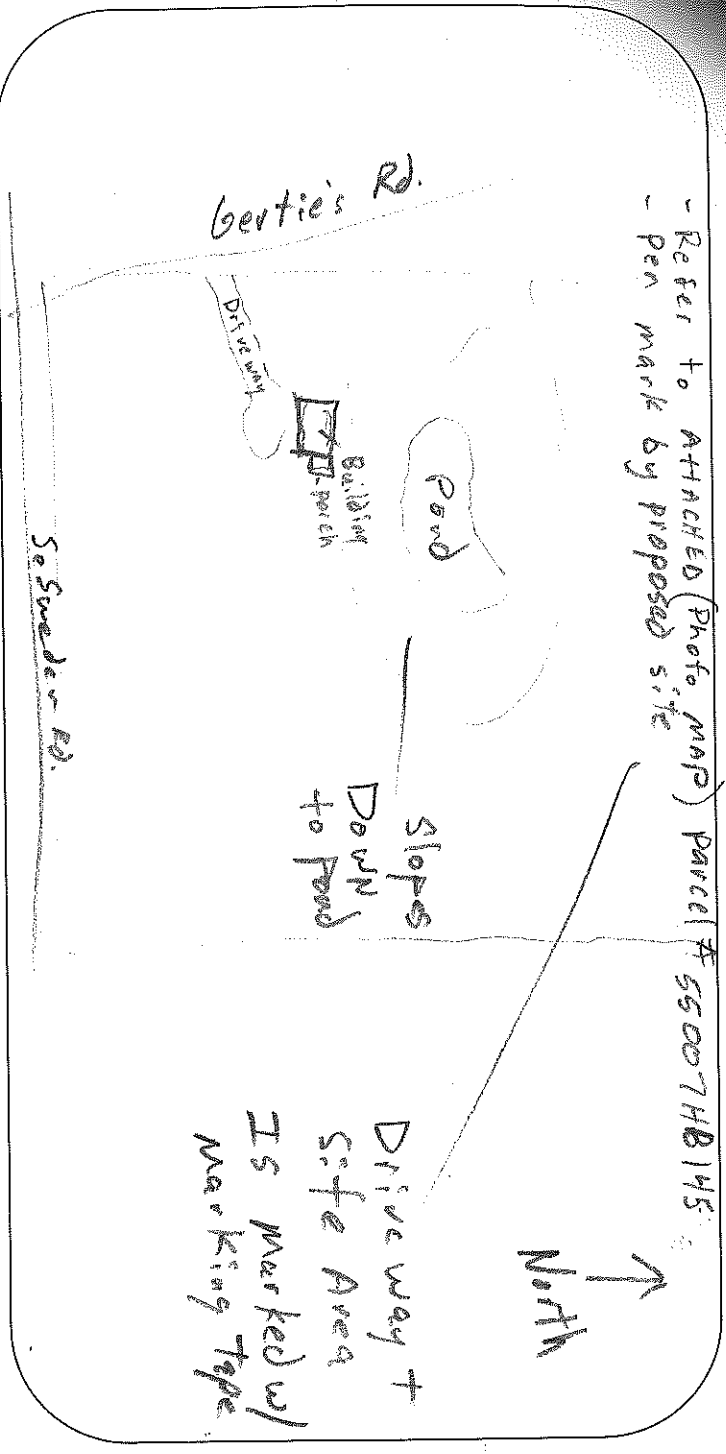
Date: 4-7-12

Date: 4-8-2012

Draw or Sketch your Property (regardless of what you are applying for)

- Proposed Construction
- Show Location of:
- North (N) on Plot Plan
- (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (*) Show Location of (*):
- All Existing Structures on your Property
- (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (*) Wetlands; or (*) Slopes over 20%

1/4
Census plot 1/4 inside



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	125 Feet	Setback from the Lake (ordinary high-water mark)	100 + Feet
Setback from the Established Right-of-Way	100 Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	400' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	450 Feet	Setback from Wetland	200 Feet
Setback from the West Lot Line	125 Feet	Setback from 20% Slope Area	25 Feet
Setback from the East Lot Line	800 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #:	12-0107	Permit Date:	5-16-12		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:	Previously Granted by Variance (B.O.A.)		Case #:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record:		Zoning District (F-1)			
Date of Inspection: 4-19-12		Inspected by: M. Furutake		Date of Re-Inspection:	
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
No removal of vegetation within 75' of HWM of pond.					
No water under pressure in structure.					
Signature of inspector: Michael Gatch		Date of Approval: 4-19-12			
Hold For Sanitary: 4-12-12		Hold For TBA: 5-14-12		Hold For Affidavit: <input type="checkbox"/> <input type="checkbox"/>	